

Part J-1
CHOLINESTERASE MONITORING

NEW SECTION

WAC 296-307-148 Scope and summary.

Your responsibility:

To implement a monitoring program for your employees who, as part of their job duties, **handle** category I or II organophosphate or N-methyl-carbamate pesticides with the words "DANGER" or "WARNING" on the label.

Definition:

The terms **handle** and handler refer to employees who are engaged in the job duties listed in the definition of "handler" contained in WAC 296-307-11005, Pesticides (worker protection standard).

Link: You will find a list of pesticide products covered by this section at the Washington state department of agriculture website (www.wa.gov/agr).

IMPORTANT:

Whenever there is reason to believe that an employee has been poisoned or injured by exposure to pesticides while on the job, you need to provide the medical services required by WAC 296-307-13055.

You must:

Maintain handling records for covered pesticides

WAC 296-307-14805.

Implement a medical monitoring program

WAC 296-307-14810.

Identify a physician or licensed health care professional

WAC 296-307-14815.

Make cholinesterase testing available

WAC 296-307-14820.

Respond to depressed cholinesterase levels

WAC 296-307-14825.

Provide medical removal protection benefits

WAC 296-307-14830.

Maintain records

WAC 296-307-14835.

Provide training

WAC 296-307-14840.

Implementation plan

WAC 296-307-14845.

NEW SECTION

WAC 296-307-14805 Maintain handling records for covered pesticides.

You must:

✎ Maintain accurate records of all time that each employee spends handling category I or II organophosphate or N-methyl-carbamate pesticides (this includes employees who do not meet the handling hour thresholds in Table 1).

✎ Retain pesticide handling records for seven years.

✎ Make sure that pesticide-handling records are readily accessible to employees and their designated representatives.

Helpful tool:

(A sample documentation form will be provided.)

NEW SECTION

WAC 296-307-14810 Implement a medical monitoring program.

You must:

✎ Implement a medical monitoring program for your employees who handle or will be expected to handle category I or II organophosphate or N-methyl-carbamate pesticides according to the schedule in Table 1.

**Table 1
Implementation Schedule**

Provide medical monitoring for each employee who handles organophosphate or N-methyl-carbamate pesticides for:	Beginning
Fifty or more hours in any consecutive thirty-day period	January 15, 2004
Thirty or more hours in any consecutive thirty-day period	January 15, 2005

Note: ✎ The department will adjust the threshold for medical monitoring of employees under this rule on January 15, 2005, if the data collected during 2004 clearly demonstrates that the threshold should be either lower or higher than thirty hours.

✎ There is nothing in this rule that prohibits employers from providing cholinesterase monitoring to employees who handle organophosphate or N-methyl-carbamate pesticides for fewer hours than specified in Table 1.

NEW SECTION

WAC 296-307-14815 Identify a physician or licensed health care professional.

You must:

✎ Identify a physician or other licensed health care provider (LHCP) who will:

- Provide baseline and periodic cholinesterase testing through a laboratory approved by the department of labor and industries to provide cholinesterase testing.

- Interpret tests and make recommendations regarding the employee's handling of organophosphate and N-methyl-carbamate pesticides.

Link: A listing of approved laboratories can be found at the department of labor and industries WISHA services website (www.lni.wa.gov/wisha).

You must:

- ✍ Make sure the physician or LHCP is familiar with the requirements of this rule (for example, by providing a copy of the rule or by confirming that the provider has attended training on the rule).

- ✍ Post the name, address, and telephone number of the medical provider you have identified at the locations where employees usually start their work day.

- ✍ Obtain copies of employee test results and written recommendations from the physician or LHCP. These records must be maintained according to the requirements in WAC 296-307-14830.

NEW SECTION

WAC 296-307-14820 Make cholinesterase testing available.

You must:

- ✍ Make medical monitoring available to employees who will meet the exposure thresholds in Table 1, at no cost and at a reasonable time and place, as follows:

- Annual baseline red blood cell (RBC) and plasma cholinesterase tests that are taken at least thirty days after the employee last handled organophosphate or N-methyl-carbamate pesticides.

- Periodic RBC and plasma cholinesterase testing according to one of the following schedules:



- ✂ At least every thirty days for those handlers who may meet the handling levels in Table 1;



OR

- ✂ Within three days after meeting the levels in Table 1 (but no more often than every thirty days).


- ✍ Arrange to obtain a "working baseline" as soon as possible for employees who initially decline cholinesterase testing and later choose to participate in testing.

- Follow the recommendations of the physician or LHCP regarding continued employee pesticide handling or removal from handling until a thirty-day exposure free baseline can be established.

Exemption:  You do not need to provide baseline or periodic testing for those employees whose work exposure is limited to handling only N-methyl-carbamate pesticides.
 You do not need to provide periodic testing beyond the baseline for those employees whose handling hours do not exceed the exposure thresholds in Table 1 if you do not count time spent mixing and loading using closed systems, as defined in WAC 296-307-13045 (4)(d).


Note:  For new employees, the medical provider may accept previous baselines, if they are obtained according to this rule.
 The first thirty consecutive day period begins on the first day of handling organophosphate or N-methyl-carbamate pesticides after obtaining the baseline cholinesterase test.

You must:

 Obtain a written declination statement (Appendix A) from the physician or LHCP for employees who decline cholinesterase testing.

- Employees may decline cholinesterase testing only after they receive training about cholinesterase inhibiting pesticides and discuss the risks and benefits of participation with the physician or LHCP.

- An employee may change his or her mind and elect to participate or decline to continue participation in the program at any time.


 Make sure the employee receives a copy of the signed declination statement.

Note: If employers discourage participation in cholinesterase monitoring, or in any way interfere with an employee's decision to continue with this program, this interference may represent unlawful discrimination under RCW 49.17.160, Discrimination against employee filing, instituting proceedings, or testifying prohibited--Procedure--Remedy.

NEW SECTION

WAC 296-307-14825 Respond to depressed cholinesterase levels.



You must:





 Respond to an employee's depressed cholinesterase levels by:

- Taking the actions required in Table 2;

AND Following any additional occupational health recommendations from the physician or LHCP.

**Table 2
Required Responses to an Employee's Depressed Cholinesterase Levels**


When:	Action to be taken:	Methods:
An employee's RBC or plasma cholinesterase levels fall more than twenty percent below the baseline	Investigate the employee's work practices	Review:  Personal protective equipment (PPE) and its condition  Employees' PPE usage

		 General sanitation practices and availability of decontamination facilities required by WAC 296-307-13050  Pesticide handling practices
An employee's RBC cholinesterase level falls thirty percent or more from the baseline OR An employee's plasma cholinesterase level falls forty percent or more from the baseline	Remove the employee from handling and other work exposures to organophosphate and N-methyl-carbamate pesticides such as thinning and harvesting in previously treated areas AND Investigate the employee's work practices	 When available, provide the employee with other duties that do not include handling and other work exposures to organophosphate and N-methyl-carbamate pesticides  Provide medical monitoring and cholinesterase testing as recommended by the physician or LHCP
A removed employee's cholinesterase levels return to twenty percent or less below baseline	The employee may return to handling class I and II organophosphate and N-methyl-carbamate pesticides	Continue cholinesterase monitoring according to the schedule in WAC 296-307-14825

NEW SECTION

WAC 296-307-14830 Provide medical removal protection benefits.


You must:

 Provide medical removal protection benefits for a maximum of three months on each occasion:

- An employee is temporarily removed from work due to depressed cholinesterase levels;

OR

- Assigned to other duties due to depressed cholinesterase levels.

 Provide medical removal protection benefits that include maintenance of the same pay, seniority and other employment rights and benefits of an employee as though the employee had not been removed from normal exposure to organophosphate or N-

methyl-carbamate pesticides or otherwise limited.

NEW SECTION

WAC 296-307-14835 Maintain medical monitoring records.

You must:

- ✎ Maintain medical monitoring records that include:
 - The name, address, and telephone number of the physician or LHCP.
 - All employee cholinesterase test results and recommendations received from the physician or LHCP, including:
 - ✂ The name and job classification of each employee.
 - ✂ The date of any test or recommendation.
 - ✂ Findings of all work practice investigations.
 - ✂ Dates when employees were medically removed from their duties and dates when employees are returned to duties that include handling organophosphate or N-methyl-carbamate pesticides.
- ✂ Signed declination statements.
- ✎ Retain medical monitoring records for seven years.
- ✎ Make sure that medical monitoring records are readily accessible to the employee and his or her designated representative.

Note: You may arrange for the physician or LHCP to maintain records of cholinesterase test results.

NEW SECTION

WAC 296-307-14840 Provide training.

You must:

- ✎ Make sure employees have received training before initial medical monitoring. The training must include at least the following:
 - The human health hazards and physical symptoms of overexposure to organophosphate and N-methyl-carbamate cholinesterase-inhibiting pesticides.
 - The purpose and requirements for medical monitoring.

Helpful tool:

(A sample training curriculum will be provided.)

Note: Training required by this rule may be combined with other pesticide handler training as required by WAC 296-307-13025, Pesticide safety training--Standards for pesticide handlers.

NEW SECTION

WAC 296-307-14845 Implementation plan. The department will implement and complete an evaluation of this rule by doing the following:

✎ Organize a scientific team to oversee collection and analysis of data collected during 2004 and 2005. L&I will select representatives of the University of Washington, Washington State University, as well as other interested members of the academic and scientific communities, to participate on the team. The team will provide an initial analysis of testing data and any appropriate recommendations directly to L&I and to the cholinesterase monitoring advisory committee by November 1, 2004, and a further analysis and any appropriate recommendations by November 1, 2005. A final report and recommendations will be completed by September 30, 2006.

✎ Establish a cholinesterase stakeholder advisory committee to evaluate issues related to rule implementation and provide recommendations to the department regarding implementation of the rule and any possible modifications to it. L&I will invite representatives of growers, labor and other affected state agencies to participate on the advisory committee. The committee will have an opportunity to comment on the analysis completed by the scientific team and to make any appropriate recommendations before December 1, 2004, and again before December 1, 2005. In addition, the committee will review the scientific committee's final report and recommendations and provide advice to L&I prior to December 1, 2006.

✎ Review reports from the scientific team and stakeholder advisory committee, and other relevant information and make modifications to the rule as appropriate.

✎ Make efforts to defray the costs of medical testing during 2004.

✎ Prepare and distribute provider guidelines.

✎ Develop and make available a model employee training program.

✎ Publish a list of trained providers and certified laboratories on the internet.



✎ Coordinate recordkeeping requirements with the department of agriculture.

Appendix A
Cholinesterase Medical Monitoring Participation
Statement (Available in both English and Spanish)

I understand that I may be at risk of pesticide poisoning because I work with and have the potential to be exposed to organophosphate and N-methyl-carbamate cholinesterase-inhibiting pesticides.

I have received training on and discussed with a physician or LHCP, the subject of cholinesterase-inhibiting pesticides and medical monitoring, and have been given the opportunity to participate in a cholinesterase-testing program.

I understand that periodic monitoring of cholinesterase exposure MAY help me to:

-  Identify if I am over-exposed to these pesticides.
-  Prevent further exposure, before I become ill.

However, I have decided **NOT** to participate in cholinesterase medical monitoring at this time. I am aware that at ANY time in the future:

I may change my mind and participate in a cholinesterase-testing program;

AND

Receive testing at no cost to me, as long as I continue to have occupational exposure to category I or II cholinesterase-inhibiting pesticides.

Employee name:

Employee signature:

Date:

Physician or LHCP name:

Physician or LHCP signature:

Date:

Address/telephone: